FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSIÓN Washington, D.C. 20549

OMB Number: Expires:

RECEIVED

Estimated average burden hours per form

FORM D

NOTICE OF SALE OF SECURITIES 0 3 200 PURSUANT TO REGULATION D

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock of Eurobrand, Inc.
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 X Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: X New Filing Amendment
A. BASIC IDENTIFICATION DATA
 Enter the information requested about the issuer Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.)
Eurobrand, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code Telephone Number (Including Area Code)
2139 Pontius Avenue, Los Angeles, California 90025 (310) 566-3300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)(if different from
Executive Offices)
2139 Pontius Avenue, Los Angeles, California 90025
Brief Description of Business
Develop, manufacture, market, and sell caffeinated mints
Type of Business Organization X corporation Imited partnership, already formed other (please specify):
X corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed ☐ THOMSON
TO THE TOTAL CONTRACTOR OF THE
Actual or Estimated Date of Incorporation or Organization: 0 3 00 X Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CA
CN for Canada: FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A potice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S.
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, NW, Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file
the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on
the filing of a federal notice

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equ
securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issue
and Each general managing partner of partnership issuers.
Check Box(es) that Apply: \square Promoter X Beneficial Owner X Executive Officer X Director \square General and/or Managing Part
Full Name (Last name first, if individual)
Cohen, Daniel
Business or Residence Address (Number and Street, City, State, Zip Code)
2139 Pontius Avenue, Los Angeles, California 90025
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet as necessary.)

					B. INFO	ORMATI	ON ABO	UT OFF	ERING						
1 Hast	he issue	· sold or	does the	iccuer in	tend to se	ell, to non	-accredite	d investo	ere in thic	offering	9			Yes	
I. Has t	ile issuei	50id, 0i	does nic			in Append							• • • • • •	≙	L
2. What	is the m	inimum i	nvestmei			epted fron							\$_		
3. Does	the offe	ring perm	it joint o	wnership	of a sing	gle unit? .				• • • • • • • • • • • • • • • • • • • •				Yes <u>X</u>	No C
4. Enter	the info	rmation i	requested	for each	person v	who has b	een or wil	l be paid	or given	. directly	or indire	ectly, any	com	missio	n o
simila assoc	ir remun iated per	eration for son or ag	or solicita ent of a b	tion of poroker or	urchasers dealer re	in connect gistered vere associate	ction with with the SI	sales of s EC and/o	ecurities r with a s	in the off tate or st	ering. If ates, list	a person the name	to be of the	listed i broke	is ar er o
		r or deale					·								
Full Nan	ne (Last	name firs	st, if indi	vidual)					<u> </u>						
	N	I/A													
Business			dress (N	umber ar	nd Street,	City, Sta	te, Zip Co	de)							
Name of	Associa	ted Broke	er or Dea	ler											
						ls to Solic					-			4 11 C	
[AL]	K All S [AK]	[AZ]	[AR]	[CA]	States	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	⊔	All Si	ate
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] (WI]	[OR] [WY]	[PA] [PR]			
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run Nan	ic (Last	name me	it, ii iiidi	viduai)											
Business	or Resid	tence Ado	dress (N	umber ar	nd Street.	City, Sta	te. Zip Co	ode)					· <u>-</u>		
243111000	0. 100.				,	,,	···, —	,							
Name of	Associa	ted Broke	er or Dea	ler											
States in	Which I	Person Li	sted has	Solicited	or Intend	ls to Solic	it Purchas	es							
						(CT)							□	All St	ates
[AL]	[AK] [IN]	[AZ] [IA]	[KS]	[KY]	[LA]	[CT] [ME]	[MD]	[MA]	[FL] [MI]	[MN]	[MS]	[ID] [MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full Nan	ne (Last	name firs	st, if indi	vidual)											
Business	or Resid	dence Ad	dress (N	umber ar	nd Street,	City, Sta	te, Zip Co	ode)							
Name of	Associa	ted Broke	er or Dea	ler											

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(Chec		tates or [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	٠	All of	ales
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]			

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	SES AND USE OF PROC	EEDS
1.	. Enter the aggregate offering price of securities included in this offering and the total a already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange of check this box □ and indicate in the columns below the amounts of the securities offer exchange and already exchanged.	fering, red for	
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$ -0-	\$0-
	Equity	\$ 3,000,000	\$_101,000
	\underline{X} Common \Box Preferred		
	Convertible Securities (including warrants)	\$0	\$0-
	Partnership Interests	\$0-	\$0-
	Other (Specify)	\$0-	\$0-
	Total	\$ 3,000,000	\$_101,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rulindicate the number of persons who have purchased securities and the aggregate dollar amounts purchases on the total lines. Enter "0" if answer is "none" or	e 504, ount of	
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>6</u>	\$96,000
	Non-accredited Investors	<u> </u>	\$5,000
	Total (for filings under Rule 504 only)	······	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) n prior to the first sale of securities in this offering. Classify securities by type listed in P Ouestion	nonths	
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$0-
	Regulation A	0 -	\$ <u>-0-</u>
	Rule 504		\$0-
	Total		\$0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the i The information may be given as subject to future contingencies. If the amount of an exper is not known, furnish an estimate and check the box to the left of the estimate.	ssuer.	
	Transfer Agent's Fees		\$ -0-
	Printing and Engraving Costs	<u>X</u>	\$ 10,000
	Legal Fees	<u>X</u>	\$ 20,000

\$ -0-

\$ -0-

\$ 470,000

\$ 500,000

Sales Commissions (specify finders' fees separately). \square Other Expenses (identify) Offering Costs X

........

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....<u>X</u>

Accounting Fees

Engineering Fees

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, E	XPENSES AND USE OF PRO	OCEEDS.
	Question I and total expenses furnished	in response to Part C - Question 4.a. The	his difference	\$ 2,500,000
5.	for each of the purposes shown. If the and check the box to the left of the es	amount for any purpose is not known, fur- timate. The total of the payments listed	nish an estimate I must equal the	
	adjusted gross proceeds to the issuer of	troin in responde to ruit expension ;	Payments to	,
			Officers Directors & Affiliates	Payments To Others
	Salaries and fees		X \$ 300,000	
	Purchase of real estate		\$ <u>-0-</u>	<u> </u>
	Purchase, rental or leasing and	nstallation of machinery and equipment.	\$ <u>-0-</u>	□ \$ <u>-0-</u>
	Construction or leasing of plant	buildings and facilities	\$ <u>-0-</u>	□ \$ <u>·-0-</u>
				□ \$ <u>-0-</u>
	Repayment of indebtedness			□ \$ <u>-0-</u>
	Working capital			□ \$ <u>-0-</u>
	Other (specify): Manufactur	ing Costs	\$ <u>-0-</u>	<u>X</u> \$ <u>1,100,000</u>
	Marketing,	Advertising, and Slotting Costs	□ \$ -0-	<u>X</u> \$ 500,000
	General and	Administrative Costs	□ \$ -0-	<u>X</u> \$ 600,000
	Column Totals	Officers Directors & Payments To Others X \$ 300.000		
	Total Payments Listed (column	otals added	<u>X</u> \$ <u>2</u> .	,500,000
		D. FEDERAL SIGNA	TURE	
fol	lowing signature constitutes an underta	king by the issuer to furnish to the U.S.	Securities and Exchange Commis	sion, upon written request o
İs	ssuer (Print or Type)	Signature	Date	
F	Eurobrand, Inc.	Daur ()	May May	21, 2002
N	lame of Signer (Print or Type)	Title of Signer (Print or Type)		
I	Daniel Cohen	President		
N	lame of Signer (Print or Type)		Ŭ∕ May	21, 2002

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisi such rule?	

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	May 21, 2002
Eurobrand, Inc.		Wiay 21, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Daniel Cohen	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

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1	2		3	4				5		
_	Intend to to non-acc investors (Part B-Ite	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		<u></u>								
AR										
CA	X			0	0	0	0		Х	
со										
CT										
DE										
DC										
FL										
GA	X			0	0	1	\$5,000		X	
HI										
ID										
IL	X			2	\$40,000	0	0		Х	
IN ·										
IA										
KS						· · · · · · · · · · · · · · · · · · ·				
KY										
LA	Х			11	\$20,000	0	0		х	
ME										
MD										
MA										
MI										
MN	X			1	\$26,000	0	0		Х	
MS										
МО										

2 3 4 1 5 Type of security Intend to sell Type of investor and Disqualification and aggregate offering price offered in state (Part C-Item 1) to non-accredited amount purchased in State under State ULOE investors in State (Part B-Item 1) (Part C-Item 2) (if yes, attach explanation of waiver granted) (Part E-Item I MT NE NVNH NM NY NC ND OH OK OR X \$5,000 X PA RI SCSD TN TXX 1 \$5,000 0 0 X UT VTVAWAWVWIWI PR

44 4 4 1 1 1 mm